

# International Smoking Cessation Competition in May 2002

with the Super Prize of  
USD 10.000 and six Regional  
Prizes of USD 2.500



[www.quitandwin.org](http://www.quitandwin.org)



Patrick Sandström • Eeva Riitta Vartiainen  
Marjo Pyykönen

## INTERNATIONAL QUIT&WIN 2002 AND 2004

Kansanterveyslaitoksen julkaisu B 6/2006



Kansanterveyslaitos  
Folkhälsainstitutet  
National Public Health Institute

Kansanterveyslaitoksen julkaisuja

B6 / 2006

Publications of the National Public Health Institute

Patrick Sandström, Eeva Riitta Vartiainen, Marjo Pyykönen,

On behalf of the Working Group of the International Quit&Win

## **INTERNATIONAL QUIT&WIN 2002 AND 2004**

Kansanterveyslaitos

Eteo

Kehy

KTL-National Public Health Institute, Finland

Eteo

Kehy

Helsinki 2006

**Kansanterveyslaitoksen julkaisuja B6 / 2006**

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**Julkaisija-Utgivare-Publisher**

**Kansanterveyslaitos (KTL)**

Mannerheimintie 166

00300 Helsinki

Puh. vaihde (09) 474 41, telefax (09) 4744 8408

**Folkhälsoinstitutet**

Mannerheimvägen 166

00300 Helsingfors

Tel. växel (09) 474 41, telefax (09) 4744 8408

**National Public Health Institute**

Mannerheimintie 166

FIN-00300 Helsinki, Finland

Telephone +358 9 474 41, telefax +358 9 4744 8408

<http://www.ktl.fi>

ISBN (print) 951-740-625-8

ISBN (pdf) 951-740-626-6

ISSN 0359-3576

<http://www.ktl.fi/portal/2920>

Kannen kuva - cover graphic: Quit&Win

Edita

Helsinki 2006

## TIIVISTELMÄ

Quit&Win on positiivinen väestöpohjainen maailmanlaajuinen tupakoinnin lopettamiskilpailu aikuisille. Kansanterveyslaitos (KTL) on toiminut kansainvälisenä koordinaattorina hankkeen alusta alkaen 1994. Hanke on laajentunut nopeasti ja saavutti vuonna 2004 ennätykselliset 690 000 osallistujaa yli 70 maasta. Quit&Win toimii kannusteena yksittäiselle tupakoinnin lopettajalle mutta myös tehokkaana välineenä tupakoinnin vastaisten verkostojen ja politiikan rakentamisessa eri maissa. Quit&Win kilpailun osallistujien lopettamisprosentti on ollut 15–25 %, osallistujamäärän lisääntymisestä riippumatta. Paras väestövaikutus saadaan näin ollen maksimoimalla osallistujamäärä kilpailussa. Quit&Win –kilpailun luonne houkuttelee osallistujia kaikista ikäryhmistä, ja sekä vähän että paljon polttavia tupakkojia. Pääosa kaikista kilpailuun osallistuneista ilmoittavat, että tarkoituksena on lopettaa tupakointi pysyvästi Quit&Win –kilpailun kautta. Osallistujat ovat lopettamisyhteyksessään saaneet tukea erityisesti perheeltä, ystäviltä ja työkavereilta.

## SAMMANDRAG

Quit&Win är en positiv populationsbaserad världsomfattande sluta röka tävling för vuxna. Folkhälsoinstitutet (KTL) har fungerat som internationell koordinator för projektet från starten år 1994. Projektet har vuxit snabbt och år 2004 deltog rekordmånga, 690 000, deltagare från över 70 länder. Quit&Win fungerar som en motiverande faktor för den enskilda rökaren att sluta, men även som ett effektivt politiskt redskap och för att bygga upp samarbetsnätverk mellan antitobaksaktörer både nationellt och internationellt. Andelen rökare som slutat med hjälp av Quit&Win har genom åren konstant varit mellan 15-25%, oberoende av den stora ökningen i deltagarantal. Den största folkhälsoeffekten uppnås därför genom att maximera antalet deltagare i tävlingen. Quit&Win tävlingens karaktär lockar deltagare i alla åldrar samt både ”lättroökare” och storroökare. Majoriteten av alla deltagare genom åren uppger att målet var att sluta röka för gott då de anmälde sig till Quit&Win tävlingen. Deltagarna har främst fått stöd i sitt beslut att sluta röka av familjemedlemmar, vänner och arbetskamrater.

## **ABSTRACT**

Quit&Win is a positive population based global smoking cessation campaign for adults coordinated by the National Public Health Institute (KTL) in Finland since 1994. The campaign has been growing rapidly through the years reaching a record high 690 000 participants in over 70 countries all over the world in the 2004 contest. Quit&Win is an incentive for the individual smoker to quit as well as an efficient tool for building tobacco control networks and policy within countries and regions. The average quit rate for the participants in Quit&Win has been around 15-25% through the years, regardless of the huge increase in number of participants. Thus, the best possible population impact is reached by enrolling as many smokers as possible to the contest. Quit&Win is a concept that reaches out to all age groups and attracts both light and heavy smokers. The majority of the participants through the years have indicated that they entered the Quit&Win competition with the firm intention to quit using tobacco for good. Support in the quit attempt has been received mainly from family, friends and co-workers.

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## INTRODUCTION

Strong evidence shows that smoking has become a huge and rapidly growing global epidemic. The number of annual deaths due to smoking is estimated by WHO to be around 5 million. During the next 20 years, with current trends, this number will increase to 10 million per year.

Unless considerable cessation of smoking takes place in this century some 1 000 million people will die prematurely of smoking, and tobacco is expected to be the single biggest cause of death worldwide. About half of smokers will die because of their smoking habit and half of them will lose about 20 years of their life. Prevention of smoking in childhood is important, but this starts to show in public health statistics after 20 - 30 years. Changing public health statistics in the next 20 - 30 years can be based only on substantial smoking cessation among adults.

Due to the global nature of the problem, global action is needed. WHO's Framework Convention on Tobacco Control (FCTC) has been ratified by over 130 countries. The Convention acknowledges the importance of smoking cessation and participating countries commit themselves to promoting this in their populations. The Article 14 of the Convention asks countries to "design and implement effective programs aimed at promoting the cessation of tobacco use". The Quit&Win smoking cessation contest is exactly what the FCTC means.

Stopping smoking is not easy but millions of people have succeeded in stopping. What is needed is a person's own wish and initiative, but success can be considerably improved by encouragement, appropriate skills and support - that is by applying evidence-based smoking cessation methods.

Quit&Win is a cost-effective evidence-based smoking cessation method for population-wide public health use. It has proven to be applicable in different cultures all over the world. Quit&Win contains a positive message for smokers. The participants stop using tobacco for at least the contest period of four weeks and, if they succeed, they are eligible to win prizes. Even if the majority of the quitters do not win the contest prizes, quitting is definitely a win-win situation for all smokers. Everyone who stays smoke-free wins health



and also saves money. The prizes and the visible campaigning gives a positive message in encouraging smokers to implement their own wish to attempt to stop smoking - and to get support from the campaign.

Even the most conservative evaluation methods in previous Quit&Win campaigns have shown that 15 - 25 % of the participants have stayed completely tobacco-free during the whole year following the Quit&Win campaign. And even if many of the participants were not able to stop smoking completely, they had taken one step on the way. It usually takes several attempts for a smoker before he or she successfully quits smoking.

Quit&Win has also proven to be a very valuable means for many national organizers in strengthening their general anti-tobacco work at all levels, both through national and international coalition building and networking.

An optional Quit&Win supporters' contest has been organized in connection with many Quit&Win campaigns. The supporters' contest give a chance also for non-smokers to take part in the Quit&Win contest and enhanced support to smokers to succeed in their difficult task of quitting. The supporter supports a quitter to stop smoking with Quit&Win and has a chance to win separate national prizes. At the same time the supporters' contest serves as an eye-opener for non-smokers about the negative health effects of smoking and this way acts in a positive way in getting people involved in tobacco control work in general.

The aim of this report is to summarize results and experiences of the different national and regional campaigns of the International Quit&Win 2002 and 2004, based on the standardized evaluation data. All these data and information have been provided by the participating countries and regions to the International Quit&Win Coordinating Centre.

International Quit&Win campaigns have been carried out every second year since 1994. The International Coordinating Centre is situated at the National Public Health Institute (KTL), in Finland. The World Health Organization (WHO) has always been an important collaborator in the campaigns. In 1994, 13 countries belonging to the WHO CINDI (Countrywide Integrated Noncommunicable Diseases Intervention Programme) network participated in the first International Quit&Win. In 1996, 25 countries and a total of

70 000 smokers participated, and in May 1998 already 48 countries and over 200 000 smokers all over the world took part in the contest. Quit&Win 2000 was the greatest practical global smoking cessation campaign ever carried out with a total of 426 000 participants from 69 countries. Since then Quit&Win have grown even further with the number of participants reaching 675 000 in 2002 and 690 000 in 2004.

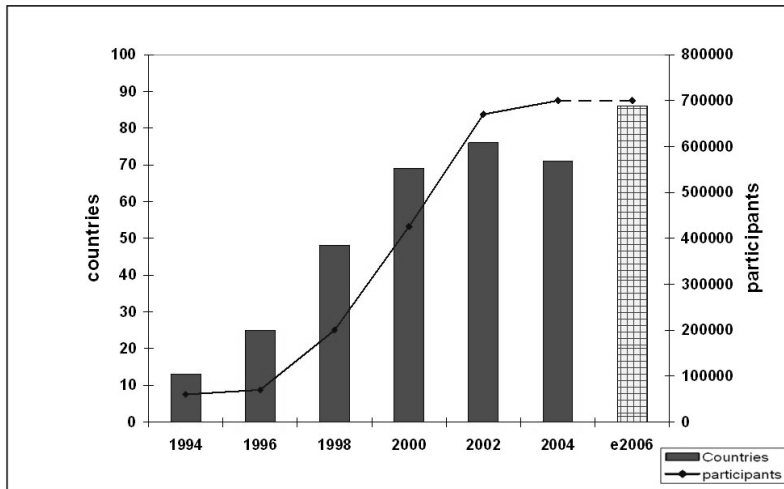


Figure: Number of countries and participants in Quit&Win 1994–2006

The participating countries in Quit&Win follow jointly agreed rules. Prior to the contest all participants have been smoking daily for at least one year and have to be 18 years of age or older.

Beginning at the common quit date (May 2) the participants are required to abstain from smoking for at least four weeks, which is verified by a witness and a biochemical urine test (NicCheck®I) of the winners. If the urine test is not applicable, e.g. the quitter has been using nicotine replacement therapy, the use of a CO-test is recommended.

In addition to all the local prizes given out by the organizing countries to their winners an International Super Prize and six regional super prizes, provided by KTL, was also drawn. The national winners of all the countries entered the international draw for the

super prizes. According to the rules of Quit&Win a country get one ticket per beginning 1 000 participants recruited.

The Super Prize 2002 went to Mr. Jean Lessard, a 38-year-old elementary school psychologist from Quebec, Canada. Mr. Lessard was successful in this his third serious quit attempt and was presented with the Quit&Win super prize at the 18th International UICC Cancer Congress in Oslo, Norway. The regional prizes went to China (WPRO), Cuba (PAHO), Germany (EURO), Indonesia (SEARO), Iran (EMRO) and Mauritius (AFRO). There was also a separate super prize for participating health professionals which was won by Dr. Arturas Tamulis, a 36-year-old neurosurgeon from Lithuania.

In 2004 the Super Prize winner was Mr. Karl Heinz Evers, a 53-year-old man from Lübeck, Germany. The Super Prize was presented to Mr. Evers at a press conference in Berlin. He had been a smoker for 32 years, smoking more than 50 cigarettes a day. The regional super prizes went to Togo (AFRO), Greece (EURO), Sudan (EMRO), Canada (PAHO), India (SEARO) and Taiwan ROC (WPRO).

The numbers of participants in national and regional campaigns all over the world are shown in tables on the following pages. The total number of participants in the 76 Quit&Win 2002 countries were 675 000 and 2004 690 000 participants from 71 countries took part in the contest. The greatest total numbers of participants were achieved in Cuba (115 825), Turkey (98 □) and Germany (90 458) in the year 2002 and in Russia (90 264), Germany (90184) and Cuba (81 851) in 2004.

National Public Health Institute (KTL) in Finland is proud to coordinate the International Quit&Win campaign. We are very thankful for the support and partnership of the World Health Organization and for the good collaboration with many partners during the campaign. We also want to cordially thank all the innovative, skilled and hard working Quit&Win local organizers and their staff in the countries all over the world for the great cooperation during their Quit&Win 2002 and 2004 campaigns.

## INTERNATIONAL QUIT&WIN 2002 AND 2004 RESULTS

Country	Region	Participants 2002	Participants 2004	WHO Region
ALBANIA		490	5000	EURO
ARGENTINA	National and regional (Buenos Aires)	1 405	25503	PAHO
ARMENIA			368	EURO
AUSTRALIA	Regional (Central Coast, NSW)	114		WPRO
AUSTRIA		1 561	1716	EURO
BANGLADESH	Regional Dhaka	14		SEARO
BELARUS		8 308	14481	EURO
BOLIVIA		760		EURO
BOSNIA-HERZEGOVINA		78	400	EURO
BOSNIA-HERZEGOVINA	Republica Sprska	101		PAHO
BULGARIA		4 261	2638	EURO
CANADA	Ontario	15 365	16659	PAHO
CANADA	Quebec	38 200	37913	PAHO
CHILE		17 172	10940	PAHO
CHINA	Regional	27 398	59247	WPRO
CHINA	Taiwan	23 094	30967	WPRO
COSTA RICA		1 500	3075	PAHO
CROATIA		586	2613	EURO
CUBA		115 825	81851	PAHO
CYPRUS		677	248	EMRO
CZECH REPUBLIC		1 518	1547	EURO
DENMARK	Copenhagen	262		EURO
EGYPT	Regional (Minia)	1 410	2109	EMRO
ESTONIA		318	558	EURO
FINLAND	National and regional (North Karelia)	6 934	8933	EURO
GERMANY		90 458	90184	EURO
GHANA		1 018	1648	AFRO
GREECE	Regional (Athens)	573	586	EURO
HUNGARY		4 205	4269	EURO
INDIA	Mumbai	15 407		SEARO
INDIA	Kerala, Tripula, Madhyay Pradesh	2 870		SEARO
INDIA	Hyderabad	120		SEARO
INDIA	Mangalore	66		SEARO
INDIA	Bihar&Jharkand	379		SEARO
INDIA	Amritha Institute of Medical Sciences		116	SEARO
INDIA	TCC-Patna		89	SEARO
INDIA	Tiruchirapalli		1199	SEARO
INDIA	Madurai		1500	SEARO
INDONESIA		1 715	1252	SEARO
INDONESIA	Yogyakarta		323	SEARO
IRAN	National and regional (Isfahan)	12 663	4429	EMRO
ITALY		6 368	8172	EURO
JAPAN		886	958	WPRO
KAZAKHSTAN		20 743	33055	EURO
KENYA	African Center for Empowerment Gender and A	163		EURO
KIRIBATI		507		WPRO
KYRGYZSTAN		962		EMRO
LATVIA		234	578	EURO
LEBANON			300	EMRO
LIBYA			1520	EMRO

Country	Region	Particip 2002	Particip 2004	WHO Region
LITHUANIA		522	444	EURO
MALAYSIA		1 155	2508	WPRO
MALDIVES		2 347	1317	SEARO
MALTA		602	1035	EURO
MAURITANIA		72	40	AFRO
MAURITIUS		1 052	470	AFRO
MEXICO		14 077		PAHO
MOLDOVA		1 477	677	EURO
NEPAL		2 500	2017	SEARO
NETHERLANDS			595	EURO
NEW ZEALAND	Hawkes Bay	1 795		EMRO
NIGERIA		15 360	5018	AFRO
OMAN	Regional (Muscat)	556	185	EMRO
PALAU		227	491	WPRO
PANAMA		296	189	PAHO
PARAGUAY		600	381	PAHO
POLAND	National and regional (Wielkopolska)	6 000	3014	EURO
PORTUGAL		1 764	843	EURO
PUERTO RICO			122	PAHO
QATAR			2317	EMRO
REPUBLIC OF MACEDONIA		59		EURO
ROMANIA		1 412	1124	EURO
RUSSIA		41 780	30130	EURO
RUSSIA	Pulmonology Institute		60134	EURO
RWANDA		109	138	AFRO
SERBIA AND MONTENEGRO			3108	EURO
SLOVAKIA		626	1740	EURO
SLOVENIA		1 416	887	EURO
SOUTH AFRICA		2 071	257	AFRO
SPAIN		7 069	11785	EURO
SUDAN		6 000	1700	EMRO
SURINAME		97	200	PAHO
SWEDEN		3 254	650	EURO
SWITZERLAND		4 185	5656	EURO
THAILAND		3 730		SEARO
TOGO			3251	AFRO
TURKEY		98 845	59909	EURO
TURKMENISTAN		2 810		EURO
UGANDA		624		AFRO
UKRAINE		15 680	23642	EURO
UNITED ARAB EMIRATES		314		EMRO
UNITED KINGDOM		2 157		EURO
URUGUAY		774	902	PAHO
USA	Houston, TX	40		PAHO
USA	Olmsted County, MN	235		PAHO
USA	Tuscon, AZ	26		PAHO
USA	Whatcom County WA	40		PAHO
VENEZUELA	Barquisimeto	69		PAHO
VENEZUELA	Maturin-Monagas	904	4304	PAHO
YUGOSLAVIA		2 605		EURO
ZIMBABWE	Bulawayo	71		AFRO
<b>TOTAL</b>		<b>674 092</b>	<b>688124</b>	

## EXPERIENCES OF QUIT&WIN 2004

International Quit&Win 2004 set a new world record with the most people giving up smoking at any one time. Some 700.000 smokers world-wide were joined across 71 countries (in 78 different campaigns) in the pursuit of a common goal – to give up smoking and be in with a chance to win a prize as part of International Quit&Win 2004.

In some countries there were one or more regional campaigns, like China, Indonesia, Canada and India, but most of the countries organized the campaign nation-wide. Some countries, like Finland, arranged both national and regional campaigns. The number of participants per country varied from less than 100 to more than 90.000 participants.

The European region (EURO) continued to be the biggest Quit&Win region in 2004; about half of the participants and countries in the Quit&Win 2004 were from Europe. The second biggest region was the Americas (PAHO) followed by Western Pacific region (WPRO).

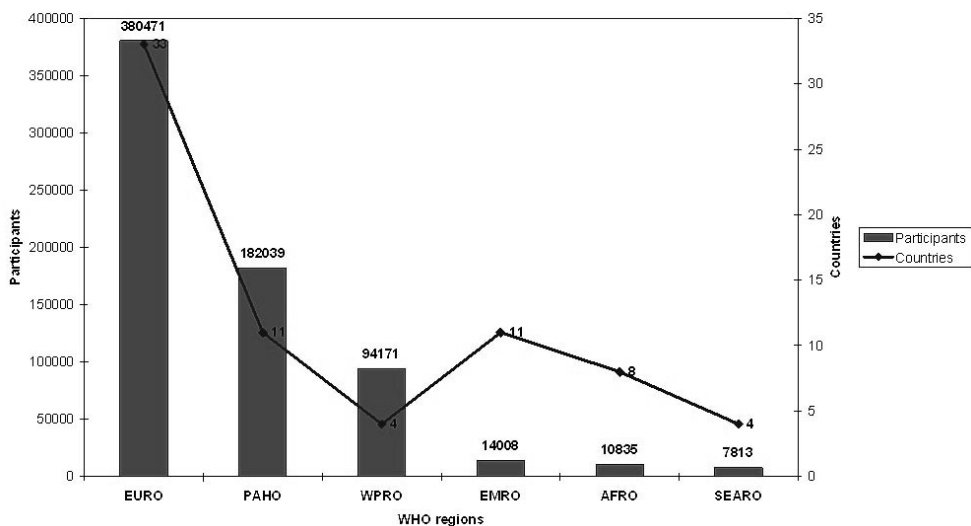


Figure: Quit&Win 2004 countries and participants by WHO region.

## Organizing the competition

Each country or region organized its own Quit&Win competition, including recruiting smokers, information activities, obtaining prizes and other tasks. The international components of the program included the campaign timetable, common rules, international promotional materials and standardized follow-up procedures.

## Supporters' contest

In connection with the Quit&Win contest an optional supporters' contest could be organized for non-smokers who wished to participate in the campaign. The supporters' contest gave non-smokers a chance to be a part of the campaign, to win prizes and also get involved in the tobacco control work. The task of a supporter was to recruit at least one smoker to Quit&Win. A separate prize was usually drawn among supporters. About half of the Quit&Win organizers ran the supporters' competition.

## The coordinating centre

The coordinating centre provided the participating countries with continuous information (circulars etc.) and guidance, international campaign materials including international visuals, posters, Quit&Win handbooks and the international internet pages, [www.quitandwin.org](http://www.quitandwin.org). Training meetings and workshops were organized in connection with the World Conference on Tobacco or Health in Helsinki 2003.

In addition, all the Quit&Win organizers received the NicCheck® tests in order to verify the abstinence from tobacco of the national winners. The Coordinating Centre provided the international super prizes and arranged the award ceremony.

## International Campaign Materials

The international logo, the handbook (in English, Chinese, Spanish and Russian), posters and other promotional material for the Quit&Win 2004 were produced and distributed by the International Quit&Win Coordinating Centre.

## Local / country prizes

The most popular local prizes were cash prizes and vouchers or vacation tickets to different destinations. For example the winners in Quebec, Canada, won travel tickets worth about 4 000 and 2 400 USD, in Oman the prizes were international and domestic flight tickets. In Italy the first prize was a holiday vacation to the Seychelles for two people. Other local prizes were different sports equipment (treadmills, mountain bikes), cameras, mobile phones, free health check-ups etc. Malta's first prize was a car and in Finland the winner received a 10 000 euros voucher in one of the biggest department stores.

## Quit&Win organizers and cooperating partners

Quit&Win is the main smoking cessation campaign supported by the WHO. The organizers regarded co-operation with WHO beneficial and very supportive and felt that the support increased the credibility of the competition.

Many of the Quit&Win 2004 organizers were Ministries of Health. Another big group was various non-governmental organizations in the heart-, cancer- or health promotion field and medical institutions as well as universities.

In many countries governmental organizations and ministries, commercial corporations, health centres and educational institutions built cooperating networks and coalitions in organizing the local Quit&Win campaigns.

## Recruitment of smokers

In order to recruit as many smokers as possible, various channels were used for the distribution of the entry forms to potential participants. The most widely used distribution channels were health care centers, hospitals and pharmacies. Printed media and direct mailing to the participants were also used.

Internet was considered a more and more important channel for smokers to register in the contest. In some countries already 75 - 85 % of the participants registered via internet.



## Financing the campaign

Quit&Win has proved to be a highly cost-effective method in smoking cessation. Even though in some countries organizers have a fair amount of money to be used for the campaign, most of the participating countries have shown that it is possible to run a very successful campaign even with a small amount of money.

The main financing sources for the Quit&Win 2004 campaigns, besides the own organization, were commercial corporations, ministries of health and non-governmental organizations. In addition to direct financial help, the campaigns were sponsored e.g. by covering printing and advertising costs, and some campaigns received free airtime for broadcasting. Other types of sponsorship included contest prizes, such as free trips and holidays for winners, bikes, TVs etc.

## Press and media relations

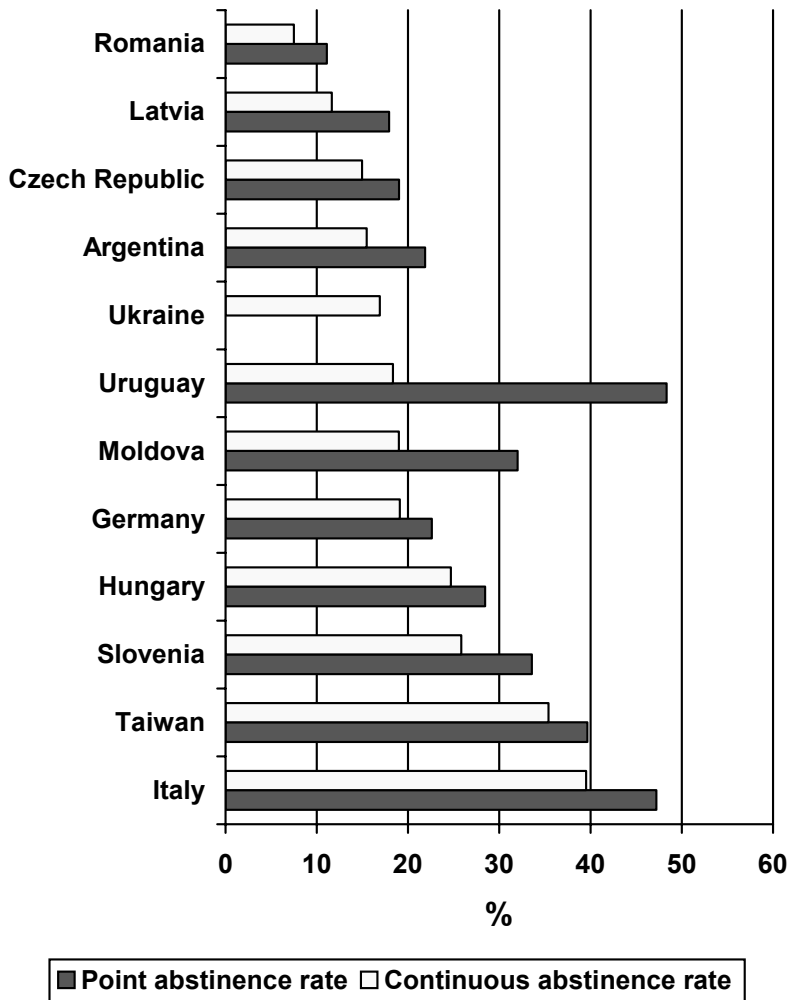
Media provides the best method of cost-effective communication in many countries. Therefore media plays a crucial role in spreading information about Quit&Win, and in raising the issue of tobacco and health into public knowledge.

The organizers reported that Quit&Win 2004 received a wide interest in media. General information about smoking cessation was reported most widely. Information about the Quit&Win campaign rules as well as where and how to register for the campaign was also reported. In many countries media was interested in writing about people involved in the Quit&Win: participants, ex-smokers who quit in previous campaigns, former Quit&Win winners. The possibility to win prizes was also a popular topic.

## QUIT&WIN 2004 – Figures

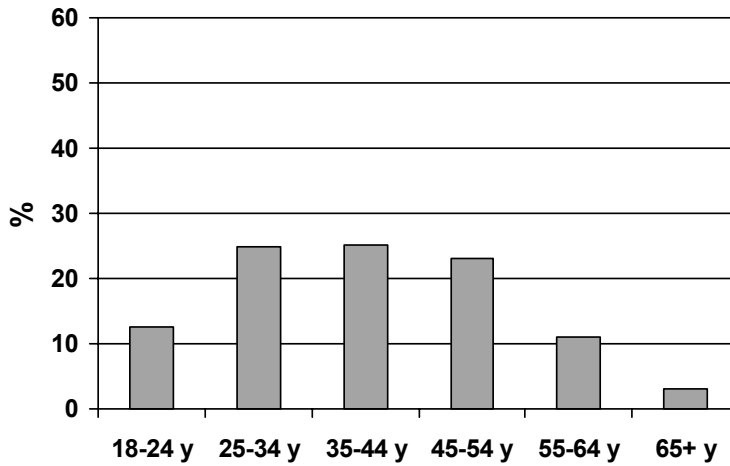
Figure 1.

Continuous and point prevalence abstinence rates (%), counting all non-respondents in the one-year follow-up survey as smokers.



**Figure 2.**

**AGE distribution among respondents in one-year follow-up survey (%).**

**Figure 3.**

**TOBACCO CONSUMPTION previous to attending Quit&Win 2004 (%), among respondents of one-year follow-up survey.**

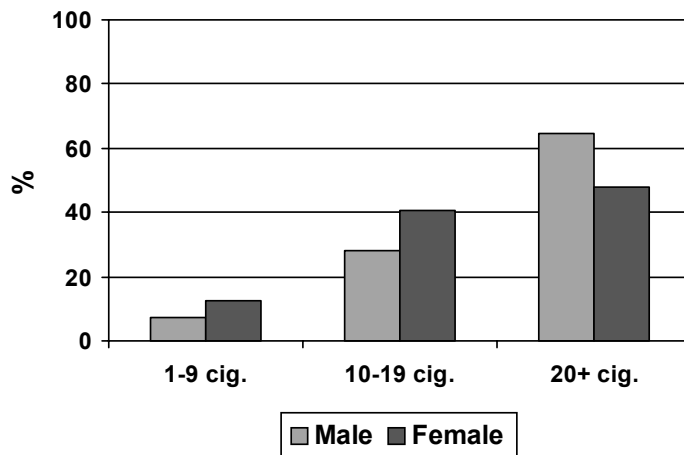


Figure 4.

**PREVIOUS ATTEMPTS TO QUIT** among respondents of one-year follow-up survey (%).

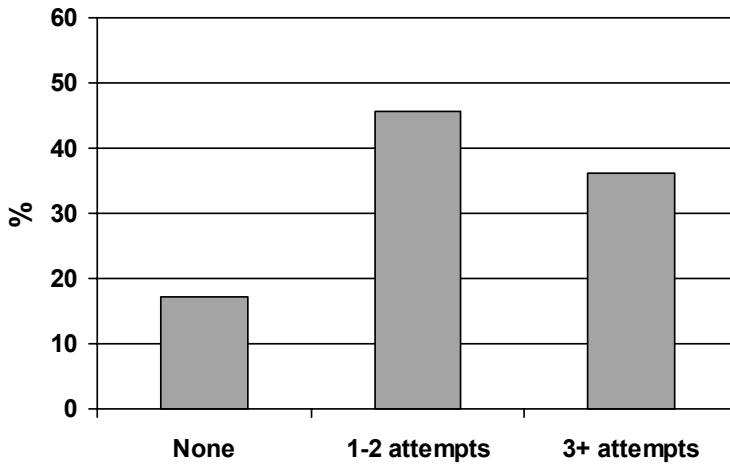
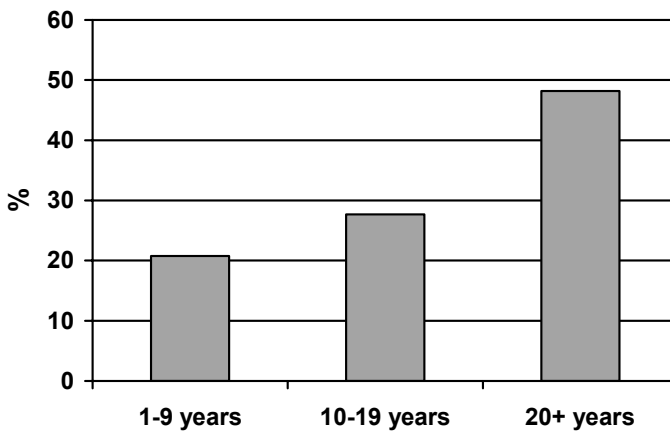


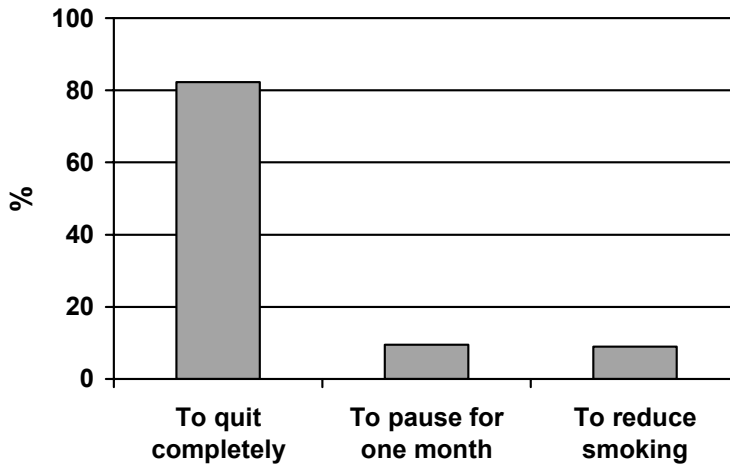
Figure 5.

**YEARS OF SMOKING** prior to Quit&Win 2004 (%), among respondents of one-year follow-up survey.



**Figure 6.**

**INTENTION** when entering Quit&Win 2004 (%), among respondents of one-year follow-up survey.



**Figure 7.**

**SPECIAL MEASURES** used in connection with Quit&Win 2004 (%), among respondents of one-year follow-up survey.

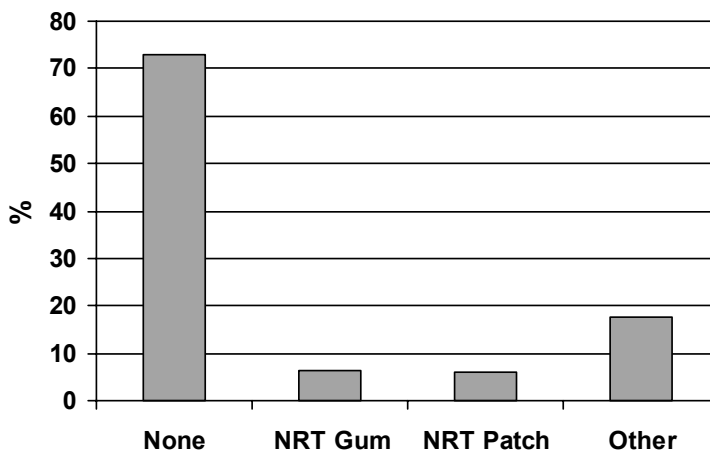
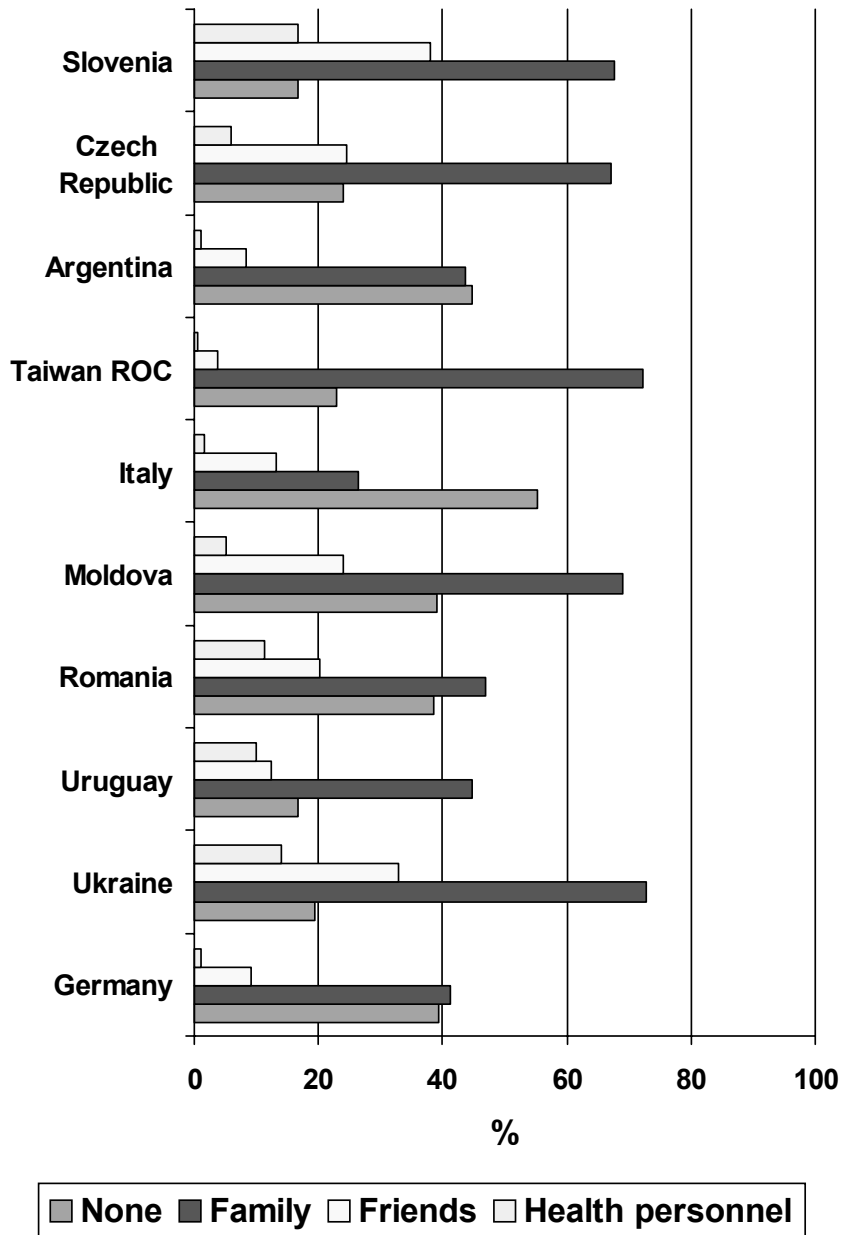


Figure 8.

SUPPORT received by participants in Quit&Win 2004 (%), among respondents of one-year follow-up survey.



## EXPERIENCES OF QUIT&WIN 2002

Quit&Win 2002 was the fifth international smoking cessation campaign that the National Public Health Institute (KTL) in Finland arranged in cooperation with the World Health Organization. The commercial partners of the International Quit&Win 2002 were GlaxoSmithKline and Pharmacia Corporation. All together 76 countries and almost 700.000 smokers all over the world participated in the campaign. In some countries there were one or more regional campaigns, like China, Canada and India, but most of the countries (83 %) organized the campaign nation-wide. Some countries, like Iran and Finland, arranged both national and regional campaigns. The number of participants per country varied from about 100 to nearly 116.000 participants.

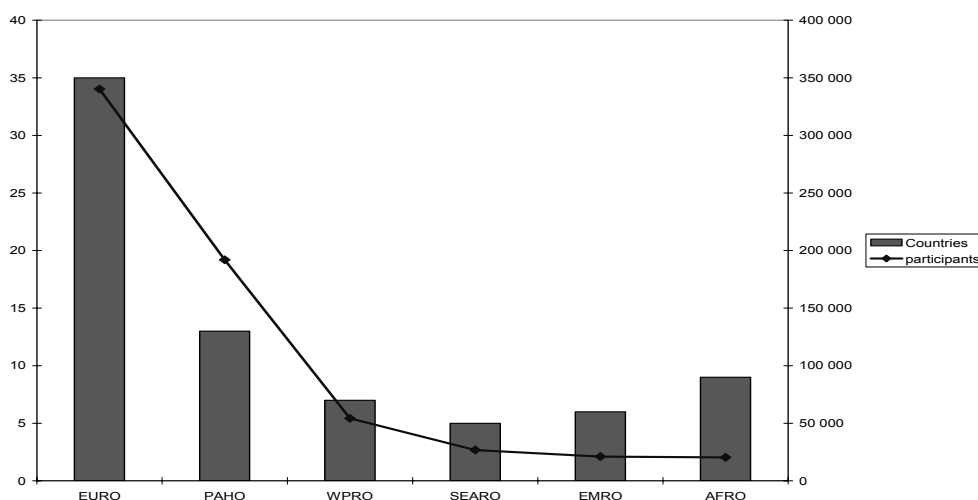


Figure: Quit&Win 2002 countries and participants by WHO region.

The feedback from the Quit&Win 2002 campaign was in general very positive. What came through the strongest was the positive effect the campaign had on the general public and media. “This campaign creates an avenue for action and education on smoking and its harmful effects on health”; “We expect that the large majority of those who get involved in this campaign (smokers) really quit for good”; “...[Quit&Win campaign] increased the social support and smoke-free areas especially at workplace and home”; “Tobacco control

issues became in the agenda of the country, mass media paid attention to tobacco control, participation and support of high rank officials from the Ministry of Health motivated the campaign staff for further tobacco control activities”. “Quit&Win was an excellent tool to provide journalists with information on smoking and the necessity of a strong Framework Convention on Tobacco Control.”

### Organizing the competition

Each country or region organized its own Quit&Win competition, including recruiting smokers, information activities, obtaining prizes and other tasks. The international components of the program included the campaign timetable, common rules, international promotional materials and standardized follow-up procedures. After the local draw the winners were tested by a urine cotinine test (NicCheck®) to confirm their abstinence from tobacco.

In connection with the Quit&Win contest an optional supporters' contest could be organized for non-smokers who wished to participate in the campaign. The supporters' contest gave non-smokers a chance to be a part of the campaign, to win prizes and also to get involved in the tobacco control work. The task of a supporter was to recruit at least one smoker to Quit&Win. A separate prize was drawn among supporters. About half of the Quit&Win 2002 organizers ran the supporters' competition.

### The Coordinating Centre

The National Public Health Institute (KTL), Finland, was responsible for the international coordination of the Quit&Win 2002 campaign. KTL provided the participating countries - through designated contact persons – with continuous information, general international campaign materials including a Quit&Win handbook and international internet pages, [www.quitandwin.org](http://www.quitandwin.org). In addition, KTL arranged training meetings and workshops, provided the organizers with the NicCheck® tests for testing the country winners, and the international super prizes.



## International Campaign Materials

The international logo, the handbook (in English, Chinese, Spanish and Russian), posters and other promotional material for Quit&Win 2002 were produced and distributed by the International Quit&Win Coordinating Centre.

## Prizes

An international super prize of USD 10 000, six regional prizes of USD 2 500 according to the WHO regions, and an additional international prize for the health professionals' competition were awarded following a draw among the main prizewinners of each country.

The most popular local prizes were cash prizes handed out in about half of the campaigns. The second most popular prizes were vacation tickets to different destinations (33%). For example, in the Canary Islands, Spain, the winner received a pleasure cruise in the Mediterranean Sea, In New Zealand the main prize was a trip for two to the Cook Islands with all expenses paid and some spending money. In Greece the first prize was a 3-day trip for two to any European city. Other local prizes were: a car (Monagas, Venezuela), TV set (Belarus), free health check-ups for the whole family (Hyderabad, India), gym memberships, suitcases, watches etc.

## Quit&Win Organizers and Cooperating partners

About two thirds of the respondents in the process evaluation had been in contact with a WHO office (WHO Headquarters, Regional office or Country office). The organizers generally regarded co-operation with WHO beneficial and very supportive. Some of the comments were: "excellent co-operation, always friendly and helpful", "positive, because WHO provides us economic support that allowed us to develop this campaign", "they provided Quit&Win documentation; we held meetings together and they provided us with their advises" and that the support of the WHO "increased the reputation of the competition".

A big part of the Quit&Win 2002 organizers were Ministries of Health in their countries. Another big group of organizers were non-governmental organizations in the heart-, cancer- or health promotion field and medical institutions as well as universities.

In many countries governmental organizations and ministries, commercial corporations, health centres and educational institutions built cooperating coalitions organizing the local Quit&Win campaigns.

#### Recruitment of Smokers

In order to recruit as many smokers as possible for the Quit&Win 2002 competition, various channels were used for the distribution of the entry forms to potential participants. The most widely used distribution channels were the health care centers, hospitals and pharmacies. Printed media and direct mailing to the participants were also used widely.

<b>Health care centres</b>	<b>83%</b>
<b>Hospitals</b>	<b>77%</b>
<b>Pharmacies</b>	<b>60%</b>
<b>Newspaper</b>	<b>62%</b>
<b>Magazines</b>	<b>42%</b>
<b>Internet</b>	<b>40%</b>
<b>Direct mail</b>	<b>35%</b>
<b>Public transportation</b>	<b>23%</b>
<b>Dentists</b>	<b>20%</b>
<b>Taxi</b>	<b>5%</b>

Figure: Main distribution channels of entry forms in the Quit&Win 2002.

Internet was considered an important channel for recruiting participants. Almost half of the organizers used the internet for registration to the Quit&Win competition compared to about 25% in 2000. In Germany and Finland already more than half of the total number of participants registered through internet. Other distribution channels included public transport, universities, local banks and governmental institutions. Personal distribution to participants was also used in many countries.

### Campaign Costs

Quit&Win has proved to be a highly cost-effective method in smoking cessation. Even though in some countries a fair amount of money has been used for the campaign, most of the participating countries have shown that it is possible to run a very successful campaign even with scarce resources. This is very important in particular in many low and middle income countries and it is obviously one of the main reasons why the Quit&Win programme has been so successful in so different cultures and countries around the world.

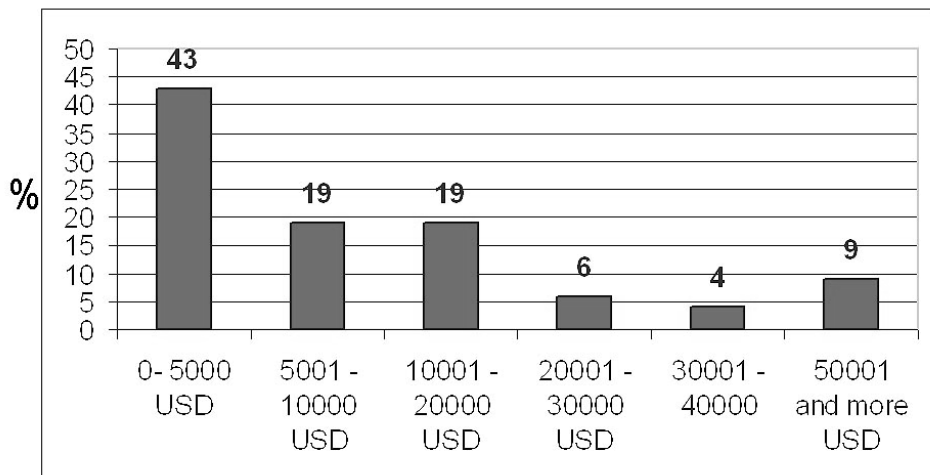


Figure . Quit&Win 2002 campaign costs (in % of campaigns organized).

In the figure on the previous page the total costs except personnel costs that occurred in connection with the local Quit&Win 2002 campaigns are included. Nearly half of the campaigns were run with less than 5.000 USD. The lowest and highest campaign costs were 30 USD and 450.000 USD according to the Quit&Win organizers.

### Financing the Campaign

The main financing sources for the local Quit&Win 2002 campaigns besides own organization were commercial corporations, ministries of health and non-governmental organizations. In addition to direct financial help the campaigns were sponsored e.g. by covering printing and advertising costs, and some campaigns received free airtime for broadcasting. Other type of sponsorship included contest prizes, such as free trips and holidays for winners, bikes, TV etc.

### Press and Media Relations

Media provides the best method of cost-effective communication in many countries. Media plays a crucial role in spreading information about Quit&Win, and in raising the issue of tobacco and health into public knowledge.

The organizers reported that the Quit&Win 2002 received a wide interest in the media. General information about smoking cessation was reported most widely. Also information about the Quit&Win campaign rules, e.g. where and how to register for the campaign was reported. In many countries the media was interested in writing about people involved in the Quit&Win: participants, ex-smokers who quit in previous campaigns, former Quit&Win winners. The possibility to win prizes was also a popular topic.

# QUIT&WIN 2002 – Figures

**Figure 1.**

**Continuous and point prevalence abstinence rates (%), counting all non-respondents in the one-year follow-up survey as smokers.**

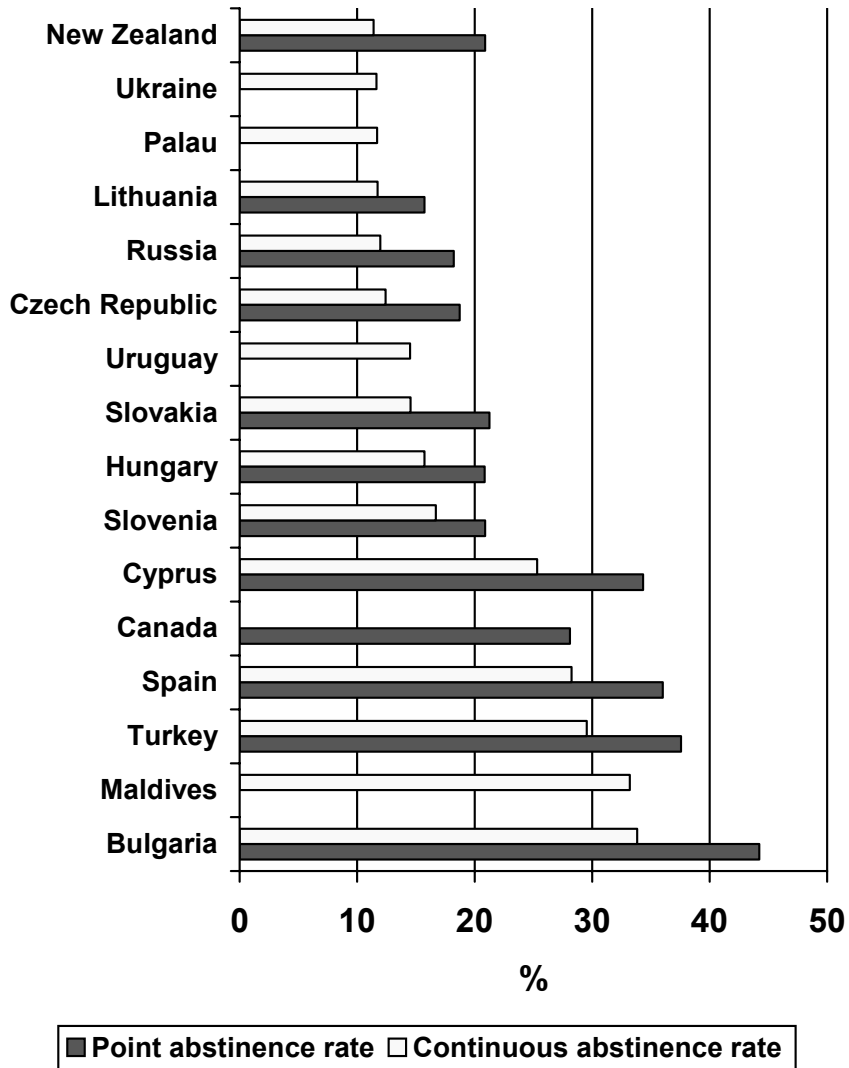


Figure 2.

**AGE distribution among respondents in one-year follow-up survey (%).**

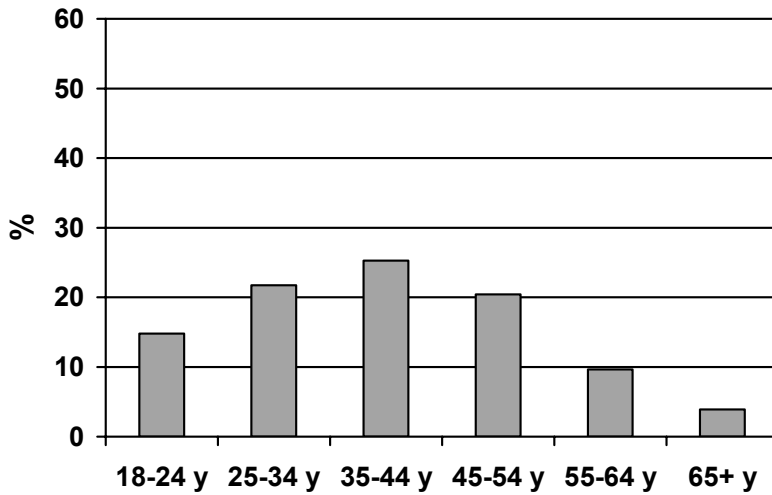
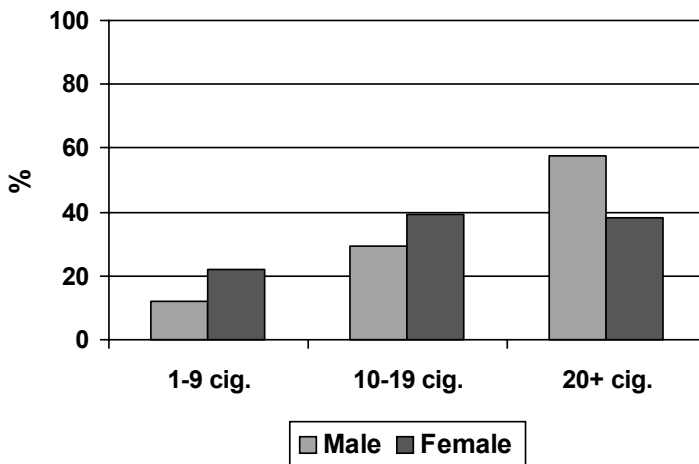


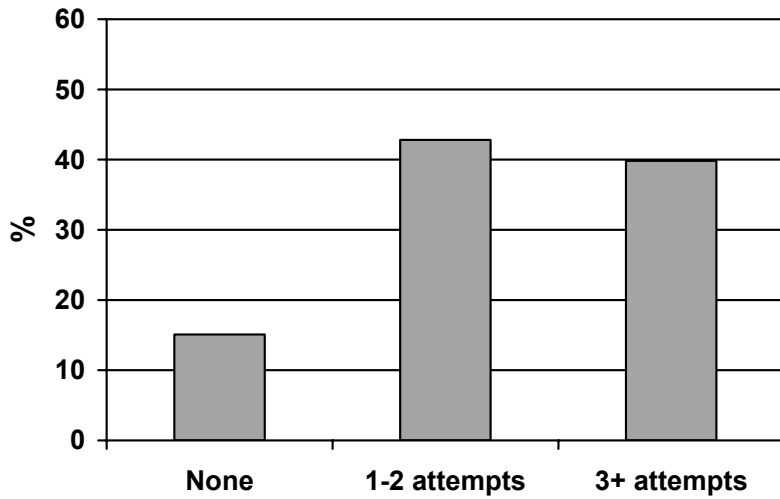
Figure 3.

**TOBACCO CONSUMPTION previous to attending Quit&Win 2002 (%), among respondents of one-year follow-up survey.**



**Figure 4.**

**PREVIOUS ATTEMPTS TO QUIT** among respondents of one-year follow-up survey (%).

**Figure 5.**

**YEARS OF SMOKING** prior to Quit&Win 2002 (%), among respondents of one-year follow-up survey.

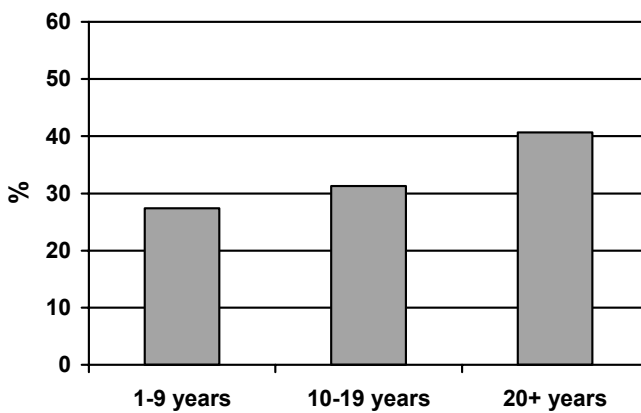


Figure 6.

**INTENTION** when entering Quit&Win 2002 (%), among respondents of one-year follow-up survey.

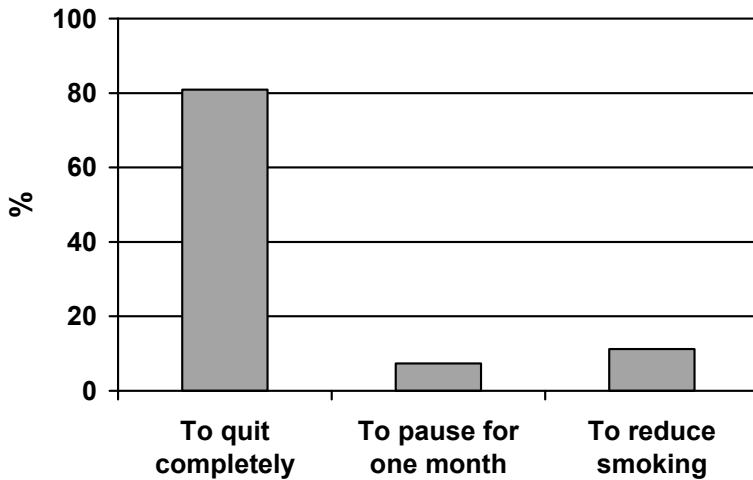


Figure 7.

**SPECIAL MEASURES** used in connection with Quit&Win 2002 (%), among respondents of one-year follow-up survey.

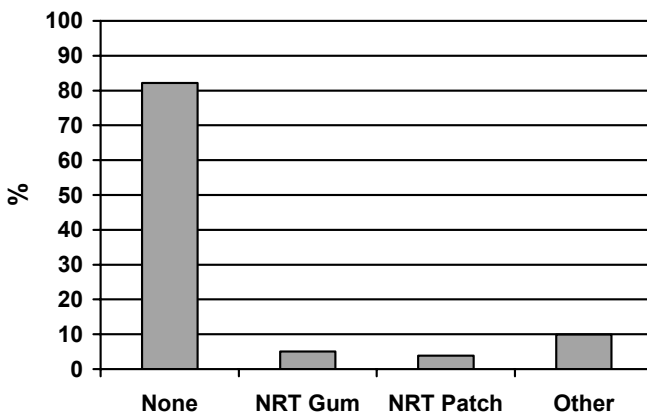
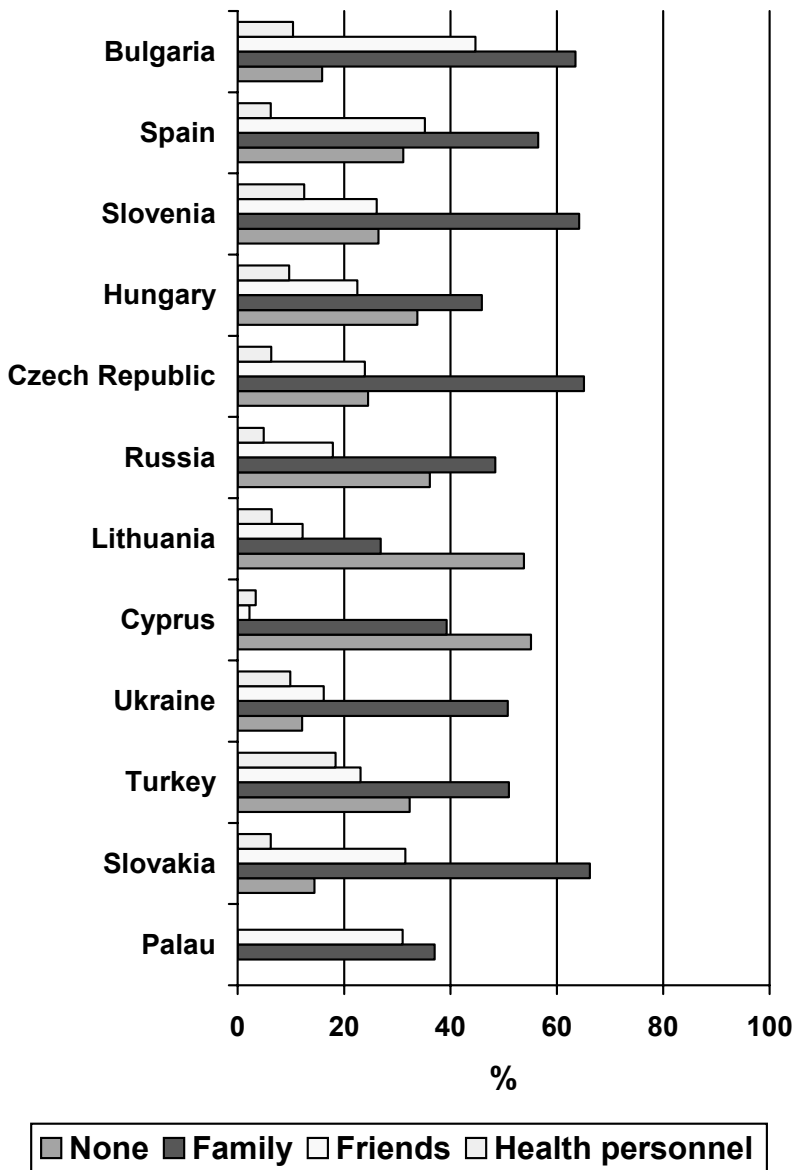




Figure 8.

SUPPORT received by participants in Quit&Win 2002 (%), among respondents of one-year follow-up survey.



## ONE-YEAR FOLLOW-UP SURVEY

The one-year follow-up of the participants of the Quit&Win competitions 2002 and 2004 were conducted in May 2003 and 2005. A random sample of at least 1 000 registrants in each country was surveyed. In case of a small number of registrants or limited resources, a follow-up was done with a smaller sample, but studies with a sample of less than 300 registrants were excluded. In some countries the sample size was increased according to local needs.

The follow-up questionnaire included at least the core questions agreed to be the same in all participating countries. In addition, each country had the opportunity to add questions according to their own evaluation purposes.

Each country used the most feasible data collection method, taking into consideration financial resources and cultural differences. The most common methods used were mailed questionnaires, telephone surveys and face-to-face interviews.

The countries submitted their results either on a data transmission form prepared by the International Coordinating Centre or in Excel-, SPSS- or ASCII- format.

The abstinence rates in the follow-up surveys were calculated as the proportion of abstainers among the purified follow-up sample, in which all non-respondents were considered smokers. The abstinence rates are based on self reported information by the countries. The **continuous abstinence** rate includes only those quitters who reported having been completely smoke-free throughout the 12 months since the quite date. The **continuous abstinence** rate includes only those quitters who reported having been completely smoke-free throughout the 12 months since the quite date. The point abstinence rate includes also those quitters who had relapsed one or more times during the year, but were smoke-free at the time of the follow-up.

In the following analysis the International Coordinating Centre has tried to compare the most central issues in the one-year follow-up. Because of the varying data collection methods and the different response rates in the countries all the results are not always comparable internationally.

## Results

The International Coordinating Centre received one-year follow-up data and/or results from twenty-one countries in 2002 and fourteen countries in 2004.

The mean continuous abstinence rate in the one-year follow-up for Quit&Win 2002 was 19 % and for 2004, 20 %. This is well in line with the results from earlier Quit&Win campaigns, where the abstinence rate usually have varied between 15 % and 25%. The highest quit rate in QW2002 was received in Bulgaria, 34 %. In 2004 the highest quit rate was reported in Italy, 40 %. Romania had the lowest success rate but one factor explaining this is the low response rate in the one-year follow-up. This is true also for many other countries experiencing low success rates.

The competition element in the Quit&Win campaign clearly reaches out to all age groups. Most of the participants in both the 2002 and the 2004 campaigns belong to the age groups between 25-34 and 35-44 year olds. This is natural since it is the age when smokers usually start thinking seriously about the health effects of tobacco and quitting. Three percent of the participants in the Quit&Win 2004 competition that completed the one-year follow-up were older than 65 years of age. Quit&Win reaches out also to young adults, even though there might be ways to tailor the approach for this group of smokers even better in the future. In Quit&Win 2002 fifteen percent of the participants were 18-24 years old, where as the same number for 2004 was thirteen percent. The 2004 campaigns in Ukraine and Argentina managed to reach out to the young population especially well resulting in participant rates of 25 % and 20 % respectively.

Quit&Win attracts both light smokers and heavy smokers who might have tried to quit smoking already many times. Sixty-four percent of the male and 48 % of the female participants in the 2004 Quit&Win campaign smoked one or more packages of cigarettes per day. Forty-six percent of the participants had tried to stop smoking 1-2 times and 36 % three times or more. Twenty-one percent of the participants had been smoking ten years or less and 48 % had a smoking history of twenty years or more.

The majority of the participants entered the Quit&Win competition with the firm intention to quit using tobacco for good (82 % 2004 and 81 % 2002). In the Ukraine competition 2004, 43 % participated with the idea of stopping using tobacco only for the competition month even though this was the case for significantly less than ten percent of the respondents in most countries. In Taiwan ROC nineteen percent aimed at reducing the amount of cigarettes they smoke per day, where as the mean percentage representing all countries was nine percent.

Most of the Quit&Win participants through the years have reported that they do not use any special measures to help them quit smoking during the competition (73 % in 2004 and 82 % in 2002). On average, six percent of the respondents in the follow-up survey indicate that they used nicotine replacement therapy. Nicotine gum was most widely used followed by nicotine patch. Bupropion was not on the market in most countries during the Quit&Win 2002 campaign and the use during the 2004 campaign was also limited to under one percent of the respondents in countries where the one-year follow-up was completed. Eighteen percent of the participants reported that they used other measures than the above mentioned to help them in their effort to quit. It would be interesting to look more closely into the national data to specify what additional measures were used successfully in different countries.

Most of the participants indicated that they received support from their family in their quit attempt. Support received from friends and co-workers was also common. Fifty-five percent of the respondents in the Italian one-year follow-up and 45 % of the Argentinean respondents reported that they did not receive any support in their quit attempt.

## DISCUSSION AND CONCLUSIONS

A global problem calls for a global action, also regarding tobacco control. The International Quit&Win smoking cessation campaign has through the years proven to be a very feasible, popular and cost-effective method of smoking cessation that has translated well in very different cultures. This makes Quit&Win especially feasible also in developing countries that may not always have the financial means to implement more extensive smoking cessation methods. The Quit&Win campaign work has also helped to create close and effective tobacco control networks and collaborations and in that way Quit&Win campaigns have had an impact on the general tobacco policy in many of the organizing countries.

The age distribution among participants in Quit&Win contests has shown that the positive message of the campaign appeals to all age groups. The Quit&Win campaign was most popular within the 25-34 and 35-44 age groups, which is of course the age, when most smokers start to seriously think about quitting. Another important aspect is that Quit&Win clearly gives an incentive for both light and heavy smokers to try to quit their habit.

It was very encouraging to notice that even though the contest time in Quit&Win was only 4 weeks, the vast majority of participants stated that their ultimate goal was to give up smoking for good.

The cautious estimate for the continuous complete abstinence rates varied between over 30 % in Bulgaria (34 % in 2002) and Italy (40 % in 2004) and approximately 10 % in New Zealand (11 % 2002) and Romania (7,5 % in 2004). The mean value for continuous complete abstinence in all Quit&Win campaigns was 19 % in 2002 and 20 % in 2004. Since all the non-respondents in the one-year follow-up survey were considered smokers the poor response rate in some countries may have influenced the result. The highest abstinence rates were seen in regional campaigns. For a population-based approach these are very high figures and give a very favorable cost-effect ratio. The validity of these findings has been studied in several countries. It is also obvious that participating in and organizing the Quit&Win campaign has many other effects beyond the actual quitting. The smokers

who fail in their attempt may have moved closer to final quitting.

The support of a visible national Quit&Win campaign has also proven to be very important in generating national public discussion on smoking cessation and tobacco control policy.

Quit&Win have also been recognized by many researchers outside the Quit&Win organizers community during the last years. World Health Organization (Valdez, Pennsylvania State University, USA, 2003) have compiled a report on the effectiveness of Quit&Win called “The International Quit and Win contest: An effective strategy for community-wide smoking cessation and health promotion”. Quit&Win is also included as one of the recommended population based cessation methods in the WHO “Policy recommendations for smoking cessation and treatment of tobacco dependence” published in 2003.

Valdez concludes that Quit&Win is a proven, cost-effective community cessation intervention and a culturally appropriate program acting to create supportive environments, strengthen community action and reorient health services. According to Valdez, Quit&Win plays a key role within a broader comprehensive tobacco control strategy as laid out in the Framework Convention for Tobacco Control (FCTC). Valdez recommends the Quit&Win organizers to in future campaigns especially look into ways of increasing recruitment and improve long term abstinence rates. This could be achieved by improving the accessibility and affordability of nicotine replacement therapy and other pharmacological aids as well as addressing areas of relapse from previous campaigns. Valdez also emphasizes the organizers to, besides the actual contest; place a high priority also to the evaluation process of the campaign.

The success of Quit&Win has also been reviewed by Hey and Perera for the Cochrane Collaboration (<http://www.cochrane.org/>). The objective of the Cochrane review was to determine whether Quit&Win contests can deliver higher long-term quit rates than the baseline community quit rate, taking into consideration both the quit rates achieved by participants as well as the population impact. When only randomized controlled trials with baseline measures and post-intervention outcomes were included in the review four studies met the inclusion criteria (Lando 1991, Bains 2000, McAlister 2000 and Hahn 2004). Three of these studies showed significantly higher quit rates (8 %-20 %) for the Quit&Win

group than for the control group at the 12-month assessment.

All these studies were quite small though, both for financial and practical reasons in finding an eligible control group. Because of this, the population impact of the studies was rather small. Nevertheless, the Cochrane review concludes that Quit&Win contests may be effective, especially in developing countries, but the lack of controlled studies precludes any firm conclusions in this matter. Randomized controlled studies of Quit&Win contests should be conducted in larger populations in order to get the right picture of the population impact.

The success rates in Quit&Win campaigns seems to be quite stable from campaign to campaign in the countries; thus the real difference in the number of quitters is a direct result of how many participants have been recruited. Special emphasis should be put on increasing the number of smokers recruited. To achieve this effective campaign work with media and co-operation partners as well as incentives for the participants are especially important. The Internet is also clearly becoming a more and more important tool in reaching the tobacco users and an easy way of enrolling in the contest. Emphasize should be put on coordinating the national tobacco control efforts to one Internet portal in order to provide both an incentive for tobacco cessation and professional and peer support and information about tobacco and tobacco related health issues on the same Internet site.

Special effort should also be put on providing support for the individual Quit&Win participant in the quitting process. Many countries have already adopted the optional supporters' contest as a part of the campaign. The supporters' contest gives the non-smokers the opportunity to join Quit&Win and makes the campaign and contest reachable for the whole population. Support by the telephone Quit lines for smoking cessation is also very valuable and it is highly advised for the Quit&Win organizers to collaborate closely with national Quit line services.

Health professionals are another crucial support group that has to be included more in Quit&Win campaigns and other tobacco control work. The health professionals have a dual role being specialists in tobacco cessation treatment and being role models for a healthy lifestyle at the same time.

The importance of continuous local and international training of the Quit&Win organizers can not be overestimated. Even though there are huge cultural differences between countries and regions, the basic positive Quit&Win message of achieving better health through a contest has proven to be very applicable all over the world. Local training meetings in the countries are very important in building efficient networks and giving the organizers practical tools and self-confidence for the practical campaign work. At International Quit&Win training seminars organizers in different countries have a chance to compare their campaign approaches and get fresh new ideas for the implementation of the Quit&Win campaign. There are many new Quit&Win coordinators, for them it is vital to get the possibility of face-to-face consultation with both the staff at the International Coordinating Centre as well as with more experienced colleagues in other countries.

Evaluation of previous Quit&Win campaigns has shown Quit&Win as a very cost effective smoking cessation method. Quit&Win has the capability to reach out to a great number of smokers and at a much lower cost than most smoking cessation interventions. More and more countries are joining the network and Quit&Win is a significant contributor to global tobacco control.



Signature

## **ANNEX 2: CORE QUESTIONS FOR ONE-YEAR FOLLOW-UP**

In the beginning of May last year you registered in the Quit&Win contest.

**1. When deciding to participate in the contest was your intention to**

1. Stop smoking completely
2. Quit for one month
3. Reduce smoking

**2. Did you succeed in completely abstaining from smoking during the month of the Quit&Win?**

1. Yes
2. No

**3. What was the most important reason if you did not succeed to quit smoking for the contest period? (Choose one)**

1. Lack of support
2. Lack of information on quitting
3. Stressful situation
4. Weight increase
5. Alcohol related situation
6. Withdrawal symptoms  
(nervousness, headache, anxiety, lack of concentration etc.)
7. Smoking in my environment
8. Other reason

**4. What has been your smoking situation during the year after the start of the Quit&Win?**

1. I have not smoked at all
2. I have smoked, but not daily and presently I do not smoke at all
3. I have smoked daily but presently I do not smoke at all
4. I have smoked but presently I smoke less than before
5. I have smoked and presently I smoke like before

**5. Did you use any special measures when quitting smoking in connection with Quit&Win? (multiple choices possible)**

1. No
2. Nicotine chewing gum
3. Nicotine patch
9. Other measure, specify \_\_\_\_\_

**6. Did you get support in your cessation attempt with the contest? (multiple choices possible)**

1. No
2. Yes, from family members
3. Yes, from friends or co-workers
4. Yes, from health personnel
5. Yes, from someone else

**7. From where did you get information about the contest? (multiple choices possible)**

1. From radio or TV
2. From newspaper or magazine
3. From family member
4. From friend or co-worker
5. From health personnel
6. From somewhere else, specify

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7 I don't remember

**8. Did the Quit&Win contest help you to try to stop smoking in last May?**

1. Yes, it was important
2. Yes, it helped a little
3. No, it did not help at all
4. I don't know

**9. What is your marital status?**

1. Married or married in common law
2. Single
3. Separated or divorced
4. Widowed

**10. How many years have you had school altogether or studied full-time in your life?**

\_\_\_\_\_ years

I \_ I \_ I \_ I \_ I \_ I  
ID code

## **SUGGESTIONS FOR ADDITIONAL QUESTIONS FOR ONE-YEAR FOLLOW-UP OF THE QUIT&WIN CONTEST**

### **1. When did you smoke for the first time after the onset of the contest?**

1. I have not smoked after the onset
2. During the contest period (2.-30.5.2XXX)
3. In June 2XXX
4. In July-August 2XXX
5. In September-October 2XXX
6. In November-December 2XXX
7. In January-February 2XXX
8. In March-April 2XXX
9. In May-June 2XXX

### **2. What was the most important reason to quit or try to quit in connection with the contest? (choose one)**

1. Treatment of disease or ailment
2. Prevention of serious diseases
3. Pregnancy
4. Economic reasons
5. Example for children
6. Uncleanliness caused by tobacco
7. Other people's advice or pressure
8. Possibility to win a prize in the contest
9. Other reason, specify \_\_\_\_\_

### **3. Did someone of your family members, friends, co-workers etc. try to quit smoking during the same contest period without being registered in the contest?**

1. Yes
2. No
3. I don't know

### **4. If your smoking cessation was not quite successful, was your decision to smoke again influenced by (multiple choice possible)**

1. Advertisement of tobacco industry in newspapers and magazines
2. Billboard advertisement promoting smoking
3. Competitions offered by tobacco industry with many attractive prizes etc.
4. My decision to smoke again was not influenced by any kind of tobacco advertisement or promotion

### ANNEX 3: CAMPAIGN EVALUATION: INTERNATIONAL QUIT&WIN 2002

Information about the Quit&Win 2002 organization

Country (and egion) \_\_\_\_\_

Population of the Quit&Win area \_\_\_\_\_

Respondent's ame \_\_\_\_\_

Institution/Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

**Information about your institution/organization:**

Activities \_\_\_\_\_

Number of employees \_\_\_\_\_ Size of the tobacco control unit \_\_\_\_\_

**Will you continue as organizer for the next international Quit&Win 2004?**

☐ Yes

☐ No

General information about the Quit&Win 2002 contest

What was the number of **participants in the Quit&Win 2002** contest(s) in your country/region?

Number of smokers (or users of tobacco products) \_\_\_\_\_

How many of those via internet (if that was possible in your contest) \_\_\_\_\_

Number of supporters (optional contest) \_\_\_\_\_

How many in the contest for health professionals (optional contest) \_\_\_\_\_

### Positive experiences from the campaign

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### Negative experiences from the campaign

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### Quit&Win 2002 campaign costs and personnel

**What was the total cost** of the Quit&Win 2002 campaign in your country / region - not counting volunteer workers (in USD) \_\_\_\_\_

How many **employees with salary** worked for the Quit&Win 2002 campaign? \_\_\_\_\_

How many days in total did these employees work for the Quit&Win 2002? \_\_\_\_\_

How many **volunteers** did you have working for the campaign? \_\_\_\_\_

How many days (all the volunteers) in total did they work for the campaign? \_\_\_\_\_

### Co-operation and support for the Quit&Win 2002 campaign

Were you in contact with ☐ **WHO Head Quarters in Geneva**  
☐ WHO Regional Office  
☐ WHO Country Office

### What were your experiences with WHO?

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Who were your partners (sponsors), what type of support did you receive from them, and how much was this worth in USD.

(E.g. financial support, prizes, printing, travel costs, meetings, press conferences, distribution of materials, networking / connections, advertising, other help)

	<b>Partners, collaborators, sponsors etc.</b>	<b>Type of co-operation or support (financial, other what?)</b>	<b>Worth in USD</b>
	Your own organization / institution		
	Central government		
	Local government		
	Non-governmental organization/s or foundation/s (name/s)		
	Commercial company/ies. (name/s)		
	Other (what)		

**What was the total amount of financial support for the Quit&Win 2002 in USD**

\_\_\_\_\_

**What were your experiences with the Quit&Win 2002 international commercial partners, Pharmacia Corporation and GlaxoSmithKline.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Campaign materials

Did you use the **International Quit&Win 2002 design** in your local campaign materials?

- ☐ Yes, design from the Quit&Win CD-ROM (only translations to own language)
- ☐ Yes, parts of the CD-Rom and/or **with some modifications** (other than translations)
- ☐ Yes, **the Quit&Win 2002 posters sent** from the coordinating centre.
- ☐ No. We used our own design for the Quit&Win 2002 campaign

**In the table below, please mark the materials and quantities used in your local Quit&Win 2002 campaign:**

<b>Material</b>	<b>Quantity</b>
Entry forms	
Posters	
Leaflets	
Stickers	
Postcards	
T-shirts	
Bags, paper/plastic/textile	
Other, what	



**What were your local / national prizes for the Quit&Win 2002?**1<sup>st</sup> prize \_\_\_\_\_2<sup>nd</sup> prize \_\_\_\_\_3<sup>rd</sup> prize \_\_\_\_\_

other prizes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

International Quit&amp;Win 2002 campaign materials

**What is your opinion about the Quit&Win 2002 international campaign materials provided by the coordinating centre?**

	<b>Very good</b>	<b>Good</b>	<b>Not very good</b>	<b>Bad</b>
Handbook				
Poster				
Stickers				
Leaflet				
Internet pages				
CD-ROM				

**Did you have any problems with getting the materials?**☐ Yes ☐ No

**Your ideas for improvements of the next Quit&Win campaign materials? Other comments regarding the campaign materials.**

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NicCheck tests

Did you use the NicCheck tests?

☐ Yes

☐ No

**Did the NicCheck tests work?**

☐ Yes

☐ No

**Did you use any other testing methods?**

☐ structured interview of the winner

☐ structured interview of the witness

☐ carbon monoxide (CO) testing

☐ blood cotinine test

☐ other test, specify \_\_\_\_\_

## Recruitment of the smokers

**How or where did you distribute your Quit&Win 2002 entry forms**

- ☐ used direct mail
- ☐ newspaper
- ☐ magazines
- ☐ hospitals
- ☐ pharmacies
- ☐ dentists
- ☐ health care/ medical centres
- ☐ public transportation (buses, trams, trains, etc.)
- ☐ taxi
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Please list the most effective ways of distributing the entry forms:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Did you have your own Quit&Win internet pages?**

☐ **Yes**      ☐ **No**

## Press and media relations

How many Quit&Win 2002 **press conferences** did you have? \_\_\_\_\_.

How many Quit&Win 2002 **press releases** did you send? \_\_\_\_\_

Has the **media interested** in Quit&Win 2002? ☐ Yes

☐ No

**Please mark if there were Quit&Win stories (non-paid media) in the following media:**

Printed media (newspapers, magazines, journals)

☐ Yes

☐ No

TV

☐ Yes

☐ No

Radio

☐ Yes

☐ No

What stories/information/ideas were reported most widely?

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**Did you use advertising (paid by you or sponsored) on your Quit&Win 2002 campaign in the media?**

Media	Yes	Yes	No
Newspaper	<input type="checkbox"/> paid by us	<input type="checkbox"/> sponsored	<input type="checkbox"/>
Magazine	<input type="checkbox"/> paid by us	<input type="checkbox"/> sponsored	<input type="checkbox"/>
Television	<input type="checkbox"/> paid by us	<input type="checkbox"/> sponsored	<input type="checkbox"/>
Radio	<input type="checkbox"/> paid by us	<input type="checkbox"/> sponsored	<input type="checkbox"/>
Billboards	<input type="checkbox"/> paid by us	<input type="checkbox"/> sponsored	<input type="checkbox"/>
Other, what _____			
	<input type="checkbox"/> paid by us	<input type="checkbox"/> sponsored	<input type="checkbox"/>

Help from the International Quit&Win 2002 coordination centre

	Yes	No
Did you get <b>help or assistance</b> when you needed?	<input type="checkbox"/>	<input type="checkbox"/>
Was the information in <b>Circulars</b> clear / understandable	<input type="checkbox"/>	<input type="checkbox"/>
Was the <b>Central media program</b> useful?	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>send press releases</b> according to the programme?	<input type="checkbox"/>	<input type="checkbox"/>
Were the press releases <b>easy to translate / modify</b> ?	<input type="checkbox"/>	<input type="checkbox"/>

**Your opinion about the international Quit&Win 2002 internet pages**  
**([www.quitandwin.org](http://www.quitandwin.org))**

	Very good	Good	Not very good	Bad
Overall visual appearance				
Clear and easy to use (user friendly)				
The amount of information				

**Regarding the next international Quit&Win internet pages (in 2004), what information should be included? (for the organizers and /or for the smokers, participants, amount of information, etc.)**

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**Were the Quit&Win training meetings useful?** ☐ Yes ☐ No ☐ I did not attend

**What would be the most important topics to be discussed at the training meetings?**

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**Ideas and comments for the organizers of the International Quit&Win 2002:**

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Quit&Win 2002 and your country's / region's tobacco control policy

**Did Quit&Win campaign have effect on the general anti-smoking awareness in your country?** ☐ Yes ☐ Some effect ☐ No effect

How/why?

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**Did Quit&Win campaign have effect on media's awareness towards tobacco and smoking?** ☐ Yes ☐ Some effect ☐ No effect

How/why?

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**Did Quit&Win have any effect in building tobacco control co-operations?**

☐ Yes ☐ Some effect ☐ No effect

How/why?

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Thank you very much for your valuable answers and comments regarding the Quit&Win 2002 campaign. Here at the coordinating centre we will do our best to improve the future Quit&Win campaigns!

## ANNEX 4: INTERNATIONAL QUIT&WIN 2004 CAMPAIGN EVALUATION

Number of smokers participated in your Quit&Win 2004 contest?

\_\_\_\_\_

How many of those registered via internet? \_\_\_\_\_

What was the total cost of your Quit&Win 2004 campaign? \_\_\_\_\_

Own resources \_\_\_\_\_

Outside resources \_\_\_\_\_

What were the prizes in your QW 2004 campaign?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three most important ways of recruiting smokers for the QW contest:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Ideas and comments for the International Quit&Win 2006:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you very much for your cooperation!**

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**ANNEX 6: WORKING GROUP OF THE INTERNATIONAL QUIT&WIN 2004**

<b>Name</b>	<b>Organization</b>	<b>Country</b>
Roland Shaperka	For a Tobacco Free Albania	ALBANIA
Arta Lena		ALBANIA
Javier Saimovici	Grupo Anti-tabaquismo del Hospital Italiano	ARGENTINA
Laura Cipolla	PROPIA-UNLP	ARGENTINA
Ethel Alderete	Institute of Regional Science and Technology (ICTER)	ARGENTINA
Alexander Bazarchyan	National Institute of Health	ARMENIA
Alfred Lichtenschopf	ÖGP Österreichische Gesellschaft für Pneumologie	AUSTRIA
Andrei Sekach	Republic Centre for Health Promotion	BELARUS
Ajnija Omanic	Institute of Social Medicine	BOSNIA-HERZEGOVINA
N. Vassilevsky	NCPH	BULGARIA
Robin D. Reece	Ontario's Quit Smoking Contest	CANADA
Mauricio Gomez Zamudio	Direction de la sante publique de Montreal	CANADA
Sergio Bello	Ministry of Health	CHILE
Jiang Yuan	National Tobacco Office	CHINA
Ana Margarita Odio Castillo	Instituto Sobre Alcoholismo y Farmacodependencia	COSTA RICA
Verica Kralj	Croatian National Institute of Public Health	CROATIA
Orlando Landrove	Programa de Enfermedades No Transmisibles MINSAP	CUBA
Andri Aristotelous	Ministry of Health	CYPRUS
Hana Sovinova	National Institute of Public Health	CZECH REPUBLIC
Refaat Raouf Sadek	Minia University	EGYPT
Ahmed Fouley	Horizon International Agency	EGYPT
Marika Ratnik	Estonian Centre for Health Education and Promotion	ESTONIA
Marjo Peltonen	North Karelian Center for Public Health	FINLAND
Susanne Schunk	Deutsches Krebsforschungszentrum, German Cancer Research Center	GERMANY
Edith Koryo Wellington	Ghana Health Service	GHANA
Stamatis Vassilaros	Hellenic Action Against Cancer	GREECE
Katalin Antmann	Semmelweis University	HUNGARY
Mahabir Das	National Organization for Tobacco Eradication -Bihar	INDIA
M. Dinesh	Amritha Institute Of Medical Sciences	INDIA
V. Regunathan	Volunteers Against Smoking and Tobacco	INDIA
P.S. Navaraj	Yadava college	INDIA
Tjandra Yoga Aditama	Indonesian Smoking Control Society	INDONESIA
Nawi Ng	Faculty of Medicine	INDONESIA
Shahnaz Shahrokhi	Isfahan Cardiovascular Research Center	IRAN
Emer Smyth	North Eastern Health Board	IRELAND
Stefano Vianello	Azienda ULSS 14 Chioggia - Regione Veneto	ITALY
Masakazu Nakamura	Department of Health Promotion and Education	JAPAN
Zhylkaidarova Alma Zh	National center for problems of healthy lifestyle development	KAZAKHSTAN
Joe Otieno Asila	Social Needs Network	KENYA
Iveta Bluka	Health Promotion State Agency	LATVIA
Rima Khalil	Don't be Duped Campaign	LEBANON
Ahmed M. Buni	University of Al Fatheh	LIBYA
Aurelijus Veryga	Kaunas University of Medicine	LITHUANIA

Name	Organization	Country
Lekhraj Rampal	ASH, MMA	MALAYSIA
Ahmed Waheed	Ministry of Health	MALDIVES
Elaine Caruana	Health Promotion Department Malta	MALTA
Moussa Demba Diallo	WHO	MAURITANIA
Deowan Mohee	MoH&QL	MAURITIUS
Elena Maximenco	Health Promotion and Disease Prevention Project Moldova	MOLDOVA
Shambhu Dutta Joshi	Nepal Medical College and Teaching Hospital	NEPAL
Ingrid van den Berg	GG&GD Amsterdam	NETHERLANDS
Chike Onyechere	Nigerian Heart Foundation	NIGERIA
Muorah Chinedu	Western Students' Coalition for tobacco control	NIGERIA
Jawad A. Al-Lawati	Ministry of Health	OMAN
M. Ismail	RISE (Rural Initiatives in Sustainability and Empowerment)	PAKISTAN
Valerie N. Remengesau Whipps	Tobacco Control Program	PALAU
Ella Ferguson	Ministerio de Salud de Panama y Fundacion Antitabaquica de Panama	PANAMA
Luis Roach	Ministry of Health	PANAMA
Victor San Martin	Ministry of Health	PARAGUAY
Marzenna Broszkiewicz	Medical University of Lodz	POLAND
Isabel Maria Santana Machado	National Institute of Preventive Cardiology	PORTUGAL
Antonio L. Cases Rosario	Puerto Rico Department of Health	PUERTO RICO
Ziad Najjar	Dr Mai Oqasha, to the attention of Dr Ziad Najjar	QATAR
Radu Negoescu	Institute of Public Health in Bucharest	ROMANIA
Galina Sakharova	Research Pulmonology Institute	RUSSIA
Tatyana Kamardina	National Centre for Preventive Medicine	RUSSIA
Gaspard Kabanda	ARTD	RWANDA
Ntaganda Fabien	Activistes contres le tabagisme	RWANDA
Djorde Stojiljkovic	Ministry of Health of the Republic of Serbia	SERBIA AND MONTENEGRO
Lubica Bizikova	State Health Institute of Slovak Republic	SLOVAKIA
Dominika Novak Mlakar	CINDI Slovenija	SLOVENIA
Peter Ucko	National Council Against Smoking	SOUTH AFRICA
Esteban Salto	Department of Health	SPAIN
Altahra Elizabeth AbdelRahman Rabie	Toombak & Smoking Research Centre	SUDAN
Gerold B. Rozenblad	The Romano Foundation	SURINAME
Maria Rankka	Centre for Tobacco Prevention	SWEDEN
Verena El Fehri	Association Suisse pour la prevention du Tabagisme	SWITZERLAND
Lu Ying Liu	Taiwan John Tung Foundation	TAIWAN, R.O.C.
Patrick Koffi Agbavon	Togolese Youth Association for Development	TOGO
Toker Erguder	Ministry of Health	TURKEY
Olena Kvasha	Institute of Cardiology	UKRAINE
Ricardo Bachmann	Comision Honoraria Para La Salud Cardiovascular	URUGUAY
Jose Felix Ruiz Lugo	Venezuelan Heart Foundation	VENEZUELA



## ANNEX 7: WORKING GROUP OF THE INTERNATIONAL QUIT&WIN 2002

Name	Organization	Country
Roland Shaperka	For a Tobacco Free Albania	Albania
Laura Cipolla	PROPIA	Argentina
Suzanne Grant	Public Health Unit	Australia
Alfred Lichtenschopf	ÖGLUT	Austria
Arup Ratan Choudhury	Association for the Preventive Drug Abuse, MANAS	Bangladesh
Andrei Sekach	Republican Health Center	Belarus
Mery Morales de Alfaro	Ministerio de Salud y Previsión Social	Bolivia
Ajnija Omanic	Institute for Social Medicine	Bosnia & Herzegovina
Dusko Vulic	Foundation of Health and Heart	Bosnia & Herzegovina
N Vassilevsky	NCPH	Bulgaria
Ivan Peshev	NCPH	Bulgaria
Louise Labrie	Direction de la Sante Publique de Montreal-Centre	Canada, Quebec
Robin D. Reece	Ontario's Quit Smoking Contest	Canada, Ontario
Marisol Acuna	Ministry of Health	Chile
Jiang yuan	National Center for NCD Contro	China
Liu I-Ping	John Tung Foundation	China, Taiwan
Ana Odio Castillo	IAFA (alcoholismo y farmacodep	Costa Rica
Verica Kralj	Croatian National Institute of	Croatia
Orlando Landrove	Programa de Enfermedades No Transmisibles MINSAP	Cuba
Audri Aristotelous	Ministry of Health	Cyprus
Hana Sovinova	National Institute of Public H	Czech Republic
Andrea Collen	Centre for Smoking Cessation	Denmark
Refaat Sadek	Minia university	Egypt
Marika Ratnik	Estonian Centre for Health Educ	Estonia
Mari Anttolainen	Finnish Health Association	Finland
Susanne Schunk	German Cancer Research Center	Germany
Edith Wellington	Ghana Health Service	Ghana
S. Vassilaros	Hellenic Action against Cancer	Greece
Katalin Antmann	Semmelweis University	Hungary
Taposh Roy	Voluntary Health Association of India	India
M. Dinesh	Amritha Institute Of Medical Sciences	India
Varsha Singh	UPCHAAR	India, Bihar & Jharkand
Ajit Vigg	Apollo Hospitals	India, Hyderabad
Girish Patel	Prajapita Brahma Kumaris Ishwa	India, Mumbai
Tjandra Yoga Aditama	Indonesian Smoking Control Fou	Indonesia
Shahnaz Shahrokhi	Isfahan Cardiovascular Research Center	Iran
Stefano Vianello	ULSS 13 . Regione Veneto	Italy
Fatima Bagiyarova	National Healthy Lifestyles Centre	Kazakhstan
Lith Musyimi-ogana	African Center for Empowerment Gender and Advocacy	Kenya
Kireata Ruteru	Ministry of Health	Kiribati
Bekbasarova Chinara	Ministry of Health	Kyrgyzstan
Iveta Bluka	Health Promotion Centre	Latvia
Aurelijus Veryga	Kaunas University	Lithuania
Lekhraj Rampal	ASH Committee	Malaysia
Maria Ellul	Ministry of Health	Malta
Moussa Demba Diallo	WHO	Mauritania
Deowan Mohee	Ministry of Health and Quality	Mauritius
Raul Sansores	Instituto Nacional de Enfermed	Mexico, Mexico City
Tudor Vasiliev	Republican Dispensary of Narcology	Moldova
Paras Pokharel	Koirala Insitute of Health Sci	Nepal, Eastern region
Iain Potter	Health Sponsorship Council	New Zealand (5 re- gions)
Kingsley K. Akinroye	Nigerian Heart Foundation	Nigeria
Jawad A. Al-Lawati	Ministry of Health	Oman
Valerie Whipps	Ministry of Health	Palau

Name	Organization	Country
Ella Ferguson	Ministerio de Salud de Panama y Fundacion Antitabaquica dePanama	
Maria Graciela Gamarra de Cáceres	Ministry of Health	Paraguay
Marzenna Broszkiewicz	Medical University, Dept of So	Poland
Isabel Machado	Instituto Nacional de cardiolo	Portugal
Ziad Najjar		Qatar
Mome Spasovski	Institute of Social Medicine	Republic of Macedonia
Radu Negoescu	Institute of Public Health	Romania
Cornel Radu-Loghin	Aer Pur Romania	Romania, Bucharest
Tatyana Kamardina	National Centre for Preventive Medicine	Russia
Gaspard Kabanda	ARTD	Rwanda
Djorde Stojiljkovic	Ministry of Health of the Republic of Serbia	Serbia and Montenegro
Maria Avcliova	State Institute of Public Heal	Slovakia
Dominika Novak Mlaka	Cindi Slovenia	Slovenia
Peter Ucko	National Council Against Smoki	South Africa
Olga Suarez	Direccion General de Salud Pub	Spain, Canarias
Juan Irribarria	Consejeria de Salud y Servicio	Spain, Rioja
Idris Ali Mohamed	Toombak and Smoking Research Center	Sudan
Prim Ritoe	National Anti-Drug Council	Suriname
Maria Rankka	Center of Tobacco Prevention	Sweden
Verena El Fehri	Association Suisse pour la prevention du Tabagisme	Switzerland
Varabhorn Bhumiswasd	Institute of Tobacco Consumpti	Thailand
Toker Erguder	Ministry of Health	Turkey
Rustam Kazimov	Centre Preventin & Health Prom	Turkmenistan
Kibirige Barbrah	House of Health	Uganda
Olena Kvasha	Institute of Cardiology	Ukraine
Doreen McIntyre	No Smoking Day	UK
Ricardo Bachmann	Comision Honoraria para la Sal	Uruguay
Ricardo Granero	ASCARDIO	Venezuela, Lara State
Jose Felix Ruiz Lugo	PRECARDIO Foundation	Venezuela, Monagas State
Djordje Stojiljkovic	Federal Public Health Insitut	Yugoslavia
Ellen Ndimande	RAPT	Zimbabwe

ISBN 951-740-625-8



9 789517 406253

ISBN 951-740-625-8 (print)

ISBN 951-740-626-6 (pdf)

ISSN 0359-3576

<http://www.ktl.fi/portal/2920>

Helsinki 2006

Edita Prima Oy